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Total Pages Including Cover: 12

TO: Examiner Abolfazi Tabatabai
Art Unit: 2625**Company:** USPTO**Fax #:** 703-872-9306**Phone #:** 703-306-5917**Application
Serial No.** 09/936,824**Docket #:** FR000095**FROM:** Michael J. Balconi-Lamica
Reg. No. 34,291**Michael J. Balconi-Lamica**
Patent Attorney
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MESSAGE: EXPEDITED PROCEDURE**Please deliver to Examiner Tabatabai (Art Unit 2625), Mail Stop AMENDMENT**

Examiner Tabatabai:

Attached for filing are the following documents:

1. Transmittal Form;
2. Fee Transmittal Form; and
3. Response.

Entry of this paper in the above-identified application is courteously solicited. Any questions regarding this matter should be directed to the undersigned.


Michael J. Balconi-Lamica

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PTO/SB/21 (09-04)

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TRANSMITTAL FORM <small>(to be used for all correspondence after initial filing)</small>	Application Number	09/936,824	
	Filing Date	September 18, 2001	
	First Named Inventor	Olivier Gerard	
	Art Unit	2625	
	Examiner Name	Abolfazi Tabatabai	
Total Number of Pages in This Submission	12	Attorney Docket Number	FR000095

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks EXPEDITED PROCEDURE PLEASE deliver to Examiner Tabatabai (Art Unit 2625), MAIL STOP AMENDMENT		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	MICHAEL J. BALCONI-LAMICA		
Signature	<i>Michael J. Balconi-Lamica</i>		
Printed name	MICHAEL J. BALCONI-LAMICA		
Date	2/5/05	Reg. No.	34,291

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:			
Signature	<i>Michael J. Balconi-Lamica</i>		
Typed or printed name	MICHAEL J. BALCONI-LAMICA	Date	2/5/05

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/S3/17 (12-04v2)

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Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).**FEE TRANSMITTAL**
For FY 2005☐ Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** (\$) 0.00**Complete if Known**

Application Number	09/936,824
Filing Date	September 18, 2001
First Named Inventor	Olivier Gerard
Examiner Name	Abolfazi Tabatabai
Art Unit	2625
Attorney Docket No.	FR000095

METHOD OF PAYMENT (check all that apply)☐ Check ☐ Credit Card ☐ Money Order ☒ None ☐ Other (please identify): _____☐ Deposit Account Deposit Account Number: _____ Deposit Account Name: _____

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below☐ Charge fee(s) indicated below, except for the filing fee☐ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17☐ Credit any overpayments**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	0.00
Design	200	100	100	50	130	65	0.00
Plant	200	100	300	150	160	80	0.00
Reissue	300	150	500	250	600	300	0
Provisional	200	100	0	0	0	0	0.00

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 (including Reissues)

Small Entity

Fee (\$)

Fee (\$)

Each independent claim over 3 (including Reissues)

50

25

Multiple dependent claims

200

100

360

180

Total Claims**Extra Claims****Fee (\$)****Fee Paid (\$)**

16 - 20 or HP = 0 x 50 = 0.00

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims**Extra Claims****Fee (\$)****Fee Paid (\$)**

2 - 3 or HP = 0 x 200 = 0.00

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
100	0	0	0.00	0.00

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Fees Paid (\$)

0.00

Other (e.g., late filing surcharge):

0.00

SUBMITTED BY

Signature	<i>Michael J. Balconi-Lamica</i>	Registration No. (Attorney/Agent)	34,291	Telephone	512-461-2624
Name (Print/Type)	Michael J. Balconi-Lamica	Date	2/5/05		

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PATENT
Docket No.: FR000095
Customer No. 000024737

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

RECEIVED
CENTRAL FAX CENTER

FEB 05 2005

In re application of:
Olivier Gerard et al.

Serial No.: 09/936,824

Filed: September 18, 2001

For: METHOD AND SYSTEM FOR
EXTRACTING SPINE GEOMETRICAL
DATA

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Confirmation No. 1470

Group Art Unit: 2625

Examiner: Abolfazi Tabatabai

AMENDMENT

Mail Stop AMENDMENT
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Examiner:

In response to the Office Action mailed December 14, 2004, please amend the
above-identified application as follows:

Amendments to the Claims are reflected in the listing of claims which begin on page 2
of this paper.

Remarks/Arguments begin on page 7 of this paper.